

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/763387 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	0	↔		↔		↔
TOTAL CLAIMS	1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.		↓	
TOTAL DEP.		↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS